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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to:	Application Number	09/948,101
	Filing Date	September 7, 2001
	First Named Inventor	ARKKO
	Group Art Unit	2131
Mail Stop RCE Commissioner for Patents	Examiner Name	Abrishamkar, K.
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	4009-30

Commissioner for Patents	Examiner Name	Abrishamkar, K.	
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	4009-30	
This is a Request for Continued Examination (RCE) under 37 Request for continued Examination (RCE) practice under 37 C.F.R. § 1 1995, or to any design application. See Instruction Sheet for RCEs (not	.114 does not apply to any ເ	itility or plant application filed prior to June 8,	
1. Submission required under 37 C.F.R. § 1.114.			
a.  Previously submitted (Note: Any previously filed unenter applicant does not wish to have previously filed unentered ame amendment(s).  i.  Consider the amendment(s)/reply under 37 C.I.  ii.  Consider the arguments in the Appeal Brief or iii.  Other  b.  Enclosed  i.  Amendment/Reply  ii.  Affidavit(s)/Declaration(s)  iiii.  Information Disclosure Statement (IDS)	ndment(s) entered, applicant F.R. § 1.116 previously	must request non-entry of such filed on June 1, 20206	
iv. Other 2. Miscellaneous		_	
a. Suspension of action on the above-identified applic a period ofmonths. (Period of suspib.   Dother			
3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.F.	R. § 1.114 when the RCE is fil	ed.	
iii. 🔲 Other	months (less mo		
nerewith (or with any paper herealter lifed in this a	pplication by this limi, t	o Deposit Account No. 14-1140	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print Type) H. Warren Burnam, Jr.	Registration No. (Attor		
Signature /H. Warren Burnam, Jr./	Date June 3	0, 2006	
CERTIFICATE OF MAILING OR TRANSMISSION			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Name (Print Type)	H. Warren Burnam, Jr.	Registratio	n No. (Attorney/Agent)	29,366
Signature	/H. Warren Burnam, Jr./	Date June 30, 2006		

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